

cancer, 2 retention of urine, 1 skin grafting, 1 rectal abscess, 1 asthma, 18 obstetric, 6 Bright's disease, 5 arthritis deformans, 4 operations, 3 diabetes, 2 jaundice, 2 pneumonia, 1 epilepsy, 1 thrombosis, 1 muscular atrophy, 1 bed sore, and about fourteen minor cases.

I can hardly tell what is done while visiting these people, as it is all according to the need, but I do feel that the experience has been very helpful and I hope to make a still better report another year.

THE DISPOSAL OF SPUTA

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THE handling of secretions from the respiratory organs must, necessarily be not only disagreeable, but dangerous, unless the most rigorous care be exercised. Wherever there is abnormal secretion, there is cause for thoroughness in its destruction.

The first important point to note is that sputum must never stand uncovered; the next, that it must never stand until even partly dried. Given, that these precautions are closely observed, the care of the sputum is simplified. For the use of persons who expectorate, though following the ordinary occupations of life, the safest receptacle for sputum is the nickel or glass pocket-flask. Patterns such as the Dettweiler or Knopf may be unobtrusively used by arranging a handkerchief and an elastic band as follows: Place the bottom of the flask in the centre of the handkerchief, gathering the folds around the neck of the flask, and securing with the band. A little practise will make it possible to *appear* to wipe the lips, while in reality expectorating into the flask. To clean, empty contents of flask down sewer, or mix with sawdust, and burn, rinse flask and wash outside with carbolic acid 1-20. Boil the handkerchief. Occasionally boil the flask in solution of soda carbonate first removing the rubber washers, which should be soaked in carbolic acid 1-20. Paper pocket-flasks are clean, convenient, and easily burned, but their greater ultimate cost is against their use.

The open cuspidor in the halls of public buildings, while a most useful article, is often a menace to people who frequent such places. Cuspidors having a spring cover should be provided, on a stand high enough for the average man to stoop over comfortably. This would lessen the danger of the expectorated matter alighting outside the cuspidor, and would also prevent flies and other insects from having

FIG. 1.



FIG. 2.



Metal flasks—Kny-Scheerer Co.

FIG. 3.



FIG. 4.



Paper flasks—Johnson & Johnson.

access to its dangerous contents. Flies may carry on their feet or wings sputum containing tubercle or other bacilli, and may alight on the meats or vegetables or other foods set out for display in the grocer's window. Or, they may ingest the sputum on the edge of an open cuspidor, and deposit the infected excreta in any place, where it soon becomes "dust."

For hospitals and sanatoria the well-known Seabury and Johnson cup, made of tin or aluminum, and holding a heavy paper lining, is most useful. In removing the inner cup, handle with a wisp of paper, wrap in two thicknesses of paper, tie with string, and place right side up in the bucket for soiled dressings, which are, of course, to be burned. Boil the outer cup or wash with carbolic acid 1-20.

For patients confined to bed the most desirable is the pressed paper cup with cover. The edge of the cup is sharp so that strands of saliva can be cut from the lip. The whole cup is burned. Small pieces of old cotton (preferable to linen), used once must be burned before dry, as also tissue paper handkerchiefs. An ordinary paper bag, used to collect such pieces, may be rolled *from* the bottom as it is filled, to prevent the contents being uncovered, each time the bag is opened. If moisture penetrates through the bag, burn at once.

Do NOT use any of the following: (1) Open cups containing a solution of bichloride of mercury or carbolic acid. They can be easily upset, and the contents will readily evaporate or decompose, specially in hot weather or in a dry climate. (2) Open cuspidors containing a like solution, on the floor by the bedside. The patient may not lean out of bed far enough to escape soiling bed or floor with sputum. For thick sputum the only sure method of destruction is by fire, as bichloride of mercury or carbolic acid tend simply to coagulate the mucus covering all sputum, thereby preventing any penetration of the disinfectant to the contained bacilli. The person who expectorates can learn to have the tenacious, yellow sputum loosened from sides of mouth before spitting. Also, he can spit carefully so that his flask is not soiled. To dissolve mucus use a solution of salt or soda carbonate. A small covered box of thin sheet-iron, made to hold a paper cup of sputum, can be laid in the fire, and the contents thoroughly destroyed if the box remain red-hot a short time. All instruments used for nose or throat treatments should be boiled.

Discharges from the nose and throat in cases of tuberculosis, post-nasal catarrh, bronchitis, influenza, pneumonia, meningitis and syphilis, must be regarded as highly infectious. Could all these discharges be properly cared for, the diseases which are caused by the organisms they contain would markedly lessen or even entirely disappear.